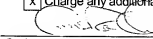


AMENDMENT TRANSMITTAL LETTER				Docket No. 3884-0126PUS1	
Application No. 10/582,166-Conf. #1838		Filing Date June 8, 2006		Examiner D. K. Ware	
Art Unit 1651					
Applicant(s): Young-Hoon PARK et al.					
Invention: A MICROORGANISM PRODUCING 5'-XANTHYLIC ACID					
<p>MS AF Commissioner for Patents P.O. Box 1450 Alexandria, VA 22313-1450</p> <p>Transmitted herewith is an amendment in the above-identified application. The fee has been calculated and is transmitted as shown below.</p>					
CLAIMS AS AMENDED					
	Claims Remaining After Amendment	Highest Number Previously Paid	Number Extra Claims Present	Rate	
Total Claims	2	- 20 =	0	x 52.00	0.00
Independent Claims	1	- 3 =	0	x 220.00	0.00
Multiple Dependent Claims (check if applicable) <input type="checkbox"/>					
Other fee (please specify): Extension for response within first month					130.00
TOTAL ADDITIONAL FEE FOR THIS AMENDMENT:					130.00
<input checked="" type="checkbox"/> Large Entity <input type="checkbox"/> Small Entity <input type="checkbox"/> No additional fee is required for this amendment. <input checked="" type="checkbox"/> Please charge Deposit Account No. <u>02-2448</u> in the amount of \$ <u>130.00</u> . A duplicate copy of this sheet is enclosed. <input type="checkbox"/> A check in the amount of \$ _____ is enclosed. <input type="checkbox"/> Payment by credit card. Form PTO-2038 is attached. <input checked="" type="checkbox"/> The Director is hereby authorized to charge and credit Deposit Account No. <u>02-2448</u> as described below. A duplicate copy of this sheet is enclosed. <input checked="" type="checkbox"/> Credit any overpayment. <input checked="" type="checkbox"/> Charge any additional filing or application processing fees required under 37 CFR 1.16 and 1.17.					
 Craig A. McRobbie Attorney Reg. No.: 42,874				Dated: <u>May 8, 2009</u>	
BIRCH, STEWART, KOLASCH & BIRCH, LLP 8110 Gatehouse Road Suite 100 East P.O. Box 747 Falls Church, Virginia 22040-0747 (703) 205-8000					

Effective on 12/08/2004. Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818). <h2 style="margin: 0;">FEE TRANSMITTAL</h2> <h3 style="margin: 0;">For FY 2009</h3>		Complete if Known	
<input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27		Application Number	10/582,166-Conf. #1838
		Filing Date	June 8, 2006
		First Named Inventor	Young-Hoon PARK
		Examiner Name	D. K. Ware
		Art Unit	1651
TOTAL AMOUNT OF PAYMENT		(\$)	130.00
		Attorney Docket No.	3884-0126PUS1

METHOD OF PAYMENT (check all that apply)	
<input type="checkbox"/> Check <input type="checkbox"/> Credit Card <input type="checkbox"/> Money Order <input type="checkbox"/> None <input type="checkbox"/> Other (please identify): _____	
<input checked="" type="checkbox"/> Deposit Account Deposit Account Number: <u>02-2448</u>	Deposit Account Name: <u>Birch, Stewart, Kolasch & Birch, LLP</u>
For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)	
<input checked="" type="checkbox"/> Charge fee(s) indicated below	<input type="checkbox"/> Charge fee(s) indicated below, except for the filing fee
<input checked="" type="checkbox"/> Charge any additional fee(s) or underpayments of fee(s) under 37 CFR 1.16 and 1.17	<input checked="" type="checkbox"/> Credit any overpayments

FEE CALCULATION																																																																					
1. BASIC FILING, SEARCH, AND EXAMINATION FEES																																																																					
	FILING FEES <small>Small Entity</small>		SEARCH FEES <small>Small Entity</small>		EXAMINATION FEES <small>Small Entity</small>																																																																
Application Type	Fee (\$)	Fee (\$)	Fee (\$)	Fee (\$)	Fee (\$)	Fee (\$)	Fees Paid (\$)																																																														
Utility	330	165	540	270	220	110																																																															
Design	220	110	100	50	140	70																																																															
Plant	220	110	330	165	170	85																																																															
Reissue	330	165	540	270	650	325																																																															
Provisional	220	110	0	0	0	0																																																															
							Small Entity Fee (\$) Fee (\$)																																																														
							52	26																																																													
							220	110																																																													
							390	195																																																													
2. EXCESS CLAIM FEES																																																																					
							Multiple Dependent Claims Fee (\$) Fee Paid (\$)																																																														
Fee Description Each claim over 20 (including Reissues)							52	26																																																													
Each independent claim over 3 (including Reissues)							220	110																																																													
Multiple dependent claims							390	195																																																													
<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="text-align: left;">Total Claims</td> <td style="text-align: center;">Extra Claims</td> <td style="text-align: center;">Fee (\$)</td> <td style="text-align: center;">Fee Paid (\$)</td> <td colspan="2"></td> <td style="text-align: center;">Multiple Dependent Claims</td> <td colspan="3"></td> </tr> <tr> <td style="text-align: center;">2</td> <td style="text-align: center;">- 20 or HP</td> <td style="text-align: center;">0</td> <td style="text-align: center;">x 52.00</td> <td style="text-align: center;">=</td> <td style="text-align: center;">0.00</td> <td style="text-align: center;">Fee (\$)</td> <td colspan="3" style="text-align: center;">Fee Paid (\$)</td> </tr> <tr> <td colspan="10"> HP = highest number of total claims paid for, if greater than 20. </td> </tr> <tr> <td style="text-align: left;">Indep. Claims</td> <td style="text-align: center;">Extra Claims</td> <td style="text-align: center;">Fee (\$)</td> <td style="text-align: center;">Fee Paid (\$)</td> <td colspan="2"></td> <td colspan="4"></td> </tr> <tr> <td style="text-align: center;">1</td> <td style="text-align: center;">- 3 or HP</td> <td style="text-align: center;">0</td> <td style="text-align: center;">x 220.00</td> <td style="text-align: center;">=</td> <td style="text-align: center;">0.00</td> <td colspan="4"></td> </tr> <tr> <td colspan="10"> HP = highest number of independent claims paid for, if greater than 3. </td> </tr> </table>										Total Claims	Extra Claims	Fee (\$)	Fee Paid (\$)			Multiple Dependent Claims				2	- 20 or HP	0	x 52.00	=	0.00	Fee (\$)	Fee Paid (\$)			HP = highest number of total claims paid for, if greater than 20.										Indep. Claims	Extra Claims	Fee (\$)	Fee Paid (\$)							1	- 3 or HP	0	x 220.00	=	0.00					HP = highest number of independent claims paid for, if greater than 3.									
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3. APPLICATION SIZE FEE																																																																					
If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$270 (\$135 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).																																																																					
<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="text-align: left;">Total Sheets</td> <td style="text-align: center;">Extra Sheets</td> <td style="text-align: center;">Number of each additional 50 or fraction thereof</td> <td style="text-align: center;">Fee (\$)</td> <td colspan="2"></td> <td style="text-align: center;">Fee Paid (\$)</td> <td colspan="3"></td> </tr> <tr> <td style="text-align: center;">_____</td> <td style="text-align: center;">- 100 =</td> <td style="text-align: center;">/50 =</td> <td style="text-align: center;">(round up to a whole number) x</td> <td style="text-align: center;">=</td> <td colspan="5"></td> </tr> </table>										Total Sheets	Extra Sheets	Number of each additional 50 or fraction thereof	Fee (\$)			Fee Paid (\$)				_____	- 100 =	/50 =	(round up to a whole number) x	=																																													
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_____	- 100 =	/50 =	(round up to a whole number) x	=																																																																	
4. OTHER FEE(S)																																																																					
Non-English Specification, \$130 fee (no small entity discount)							Fees Paid (\$)																																																														
Other (e.g., late filing surcharge): 1251 Extension for response within first month							130.00																																																														

SUBMITTED BY			
Signature:	Registration No. (Attorney/Agent): <u>42,874</u>	Telephone: <u>(703) 205-8000</u>	
Name (Print/Type): <u>Craig A. McRobbie</u>	Date: <u>May 8, 2009</u>		